**Pavement Management Project Application**

**Jackson MPO Surface Transportation Program**

The following information must be completed for all **Pavement Management** proposed Jackson MPO STP projects. MPO staff will use the information contained in the project application to assign points to proposed projects based on the Project Submittal Guidelines. The establishment of project eligibility and each project score will then be used by the Intermodal Technical Committee and the Metropolitan Planning Policy Committee to program projects to be funded with Jackson MPO STP funds. A separate application must be submitted for each type of project. For example, do not combine a street widening project with a traffic signal improvement project.

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| **Applicant Information** |
|  |  |
| 1. Project Sponsor
 | Click here to enter text. |
|  |  |
| 1. Sponsor Contact
 | Click here to enter text. |
|  |  |
| 1. Telephone
 | Click here to enter text. | 1. Email
 | Click here to enter text. |
|  |  |
| 1. Mailing Address
 | Click here to enter text. |
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| 1. Additional Sponsors
 | Click here to enter text. |
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| 1. Co-Sponsor Contact Name(s)
 | Click here to enter text. |
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| **Project Description** |
|  |  |
| 1. Project Title
 | Click here to enter text. |
|  |  |
| 1. Project Type
 | Click here to enter text. |
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| 1. County
 | Click here to enter text. | 1. Municipality
 | Click here to enter text. |
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| 1. Small Municipality
 | Click here to enter text. |
|  |  |
| 1. *Small Municipality population according to the latest U.S. Census*
 | Click here to enter text. |
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| 1. Project Location
 | Click here to enter text. |
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| 1. Functional Class
 | Click here to enter text. |
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| 1. Detailed Project Description
 |  |
| Click here to enter text. |
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| **Project Costs** |
|  |
| 1. Total Project Costs
 |
|  |  |  |
| Description | Federal Funds | Local Funds |
|  |  |  |
| Environmental | $Click here to enter text. |  | $Click here to enter text. |
|  |  |  |
| Design | $Click here to enter text. |  | $Click here to enter text. |
|  |  |  |
| Right-of-Way Acquisition | $Click here to enter text. |  | $Click here to enter text. |
|  |  |  |  |
| *Eligible for STP funding* |
|  |
| Construction Engineering | $Click here to enter text. |  | $Click here to enter text. |
|  |  |  |  |
| Construction  | $Click here to enter text. |  | $Click here to enter text. |
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| Other, please specify |  |  |  |
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| Click here to enter text. |  | $Click here to enter text. |  | $Click here to enter text. |
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| Click here to enter text. |  | $Click here to enter text. |  | $Click here to enter text. |
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| **TOTAL Estimated Cost** | Click here to enter text. |  | Click here to enter text. |
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| **STP Funds Requested** |
|  |  |  |
|  | Amount | %  |
|  |  |  |
| 1. Federal STP Funds Requested
 |  | $ Click here to enter text. |  | Click here to enter text. |
|  |  |  |
|   |  |  |
| 1. Minimum Local Match Provided
 |  | $ Click here to enter text. |  | Click here to enter text. |
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|  |  |  |
| 1. Local Overmatch Provided
 | $ Click here to enter text. |  | Click here to enter text. |
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| 1. TOTAL for STP Portion of Project
 | $Click here to enter text. |  | 100% |

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| 1. Source of Local Funds
 | Click here to enter text. |
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| 1. Date Available
 | Click here to enter text. |

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| **Project Schedule** |
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| 1. Milestone Dates
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| *Completion of Preliminary Design* |  | Click here to enter text. |
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| *Completion of Environmental Clearances* |  | Click here to enter text. |
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| *Completion of Final Design* |  | Click here to enter text. |
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| *Initiation of Right-of-Way Plan*  |  | Click here to enter text. |
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| *Completion of Right-of-Way Plan Review*  |  | Click here to enter text. |
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| *Review Initiation of Utilities Relocation* |  | Click here to enter text. |
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| *Completion of Utilities Relocation* |  | Click here to enter text. |
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| *Completion of Plans, Specifications and Estimates and/or Authorization for Advertisement* |  | Click here to enter text. |
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| *Anticipated Construction Advertisement Date or Purchase Date* |  | Click here to enter text. |

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| **Pavement Management System (PMS) Index Rating** |
|  |  |  |  |  |
| 1. PMS Index Rating
 |  |  |  |  |
|  |  |  |  |  |
| Road Segment |  | PMS Index Rating |
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| Click here to enter text. |  | Click here to enter text. |
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| *Average PMS Index Rating* |  | *To be completed by**MPO Staff* |

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| 1. Describe any potential delays that have been identified that would interfere with the schedule for this project or the readiness of the project to proceed to construction.
 |
|  | Click here to enter text. |

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| 1. Average Daily Traffic
 |
|  | Click here to enter text. |